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WORKPLACE EDUCATION SAMPLE EVALUATION REPORT

SEPTEMBER 1993

941/89

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Department of Education

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Robert V. Antonucci
Commissioner

September, 1993

I am pleased to present this publication developed through our Massachusetts Workplace Education Initiative. This publication is part of a series of resources developed for and by workplace education practitioners in business, education, and labor partnerships funded through our Department's Workplace Literacy Program.

These resources are the result of our commitment to strengthening the capacity, knowledge base, and quality of the field and to provide much-needed and long-awaited information on highly-innovative and replicable practices. These resources also complement the curriculum framework of staff training and development initiatives that were successfully developed and piloted in conjunction with the field during the past fiscal year and represent an oustanding example of the Department's theme: " Working Together for Better Results."

Each of these publications was written by trainers and workshop presenters who have participated in the training of new workplace education staff. All publications provide invaluable information on important aspects of workplace education programming. All documents begin with an overview of the field or current-state-of-the-art section as it relates to the topic at hand. Then, they move into the practitioner's experience. Next, the training plan of presenters is discussed. Each publication ends with a list of resources.

We are confident that with this series of publications we have begun an exciting but challenging journey that will further support workplaces in their progression towards becoming high-performance work organizations.

Sincerely,

Robert V. Antonucci

Robert V. Antonucci
Commisioner of Education

ACKNOWLEDGEMENTS

Individuals, groups, and organizations that have helped in the development of this publication:

Bob Bozarjian, Kathe Kirkman, Laura Sperazi, Johan Uvin
Massachusetts Workplace Education Initiative

WORKPLACE EDUCATION RESOURCE SERIES:

Workplace Education Mentoring PIlot Project Final Report
17419-82-150-9/93-DOE

Workplace Education Sample Evaluation Report
17420-30-150-9/93-DOE

Workplace Education Mini-Course Pilot Project Final Report
17421-44-150-9/93-DOE

Transforming the Training Manual into a Learning Experience
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Learning Differently in Adult Education: Development of a Learning Disabilities Component At Hampden Papers, Inc.
17424-43-150-9/93-DOE

The Role of Counseling in Workplace Education:
Educational and Career Counseling at New England Medical Center
17425-66-150-9/93-DOE

September 15, 1993

The Commonwealth of Massachusetts

Department
of Education

PROJECT HEALTH

EVALUATION REPORT

SUNSET LONG TERM CARE
WORKPLACE EDUCATION PROGRAM

July 1992 - December 1993

* * *

Prepared by the Planning and Evaluation Team
of the Sunset Long Term Care Facility and
the Chinese Community Action Council Partnership

Funded by the U.S. DOE National Workplace Literacy Program
Through the Massachusetts Department of Education

INTRODUCTION

This evaluation report is a sample report. It was developed for training purposes. It is our intent that this publication will meet the need for guidance that several projects have expressed when they considered documenting the outcomes of their evaluation work. When using this resource as a possible model, programs should be aware that their reports should not necessarily include an equal amount of background information. They should also be aware that the report only reflects a small segment of the opportunities that SPSS.PC (Statistical Package for the Social Sciences) offers in regards to data analysis.

The data included in the report are based on Project Health. Project Health integrates the experiences from several workplace education programs funded by the Massachusetts Department of Education through the National Workplace Literacy Program. However, much of the data and background information are taken and adapted from publications produced by the South Cove Manor Nursing Home Workplace Education Program in Boston's Chinatown.

Bob Bozarjian

Johan Uvin

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I. PROGRAM BACKGROUND

WHY SUNSET LTC NEEDED A WORKPLACE ESL PROGRAM ?

☐ In the Winter of 1990 the Board of Directors of the Sunset Long Term Care facility in Boston's Chinatown appointed **a Patient Care Services Committee** to respond to the need for ESOL instruction (English to Speakers of Other Languages) for its staff. The committee was assigned to carry out **an informal organizational needs analysis** and to clarify the relationship between the quality of patient care and the ability of staff to communicate in English.

☐ Upon completion of its task, the Patient Care Services Committee concluded that Sunset Long Term Care needed to strengthen its ability to deliver high-quality patient care. The members of the committee identified a direct **negative relationship between the quality of patient care and the ability of monolingual Chinese and Haitian caregivers to communicate** with English speaking residents,
with visitors, with supervisory, licensed, and administrative staff, with management, and with each other. Interpreters and translations were needed to facilitate communication and care was too often provided without any verbal explanation of procedures.

In addition, the members of the Patient Care Services Committee attributed the compromised quality of care to the **problem of illiteracy in English**. Nursing assistants and entry-level workers in the dietary, activity, and maintenance departments did not have the reading, writing, computational, and problem-solving skills to perform their tasks satisfactorily. Unless there was on-going bilingual assistance, workers faced considerable problems in reading and completing patient care documents.

The committee also acknowledged that Sunset Long Term Care experienced **difficulty in recruiting and retaining licensed staff**. While many of the facility's non-professional staff had higher-level nursing experience in their countries of origin, Sunset Long Term Care was unable to employ these underemployed health care professionals because their diplomas and degrees were not recognized by the U.S. Government. While aware of the relatively long learning time required, the nursing home hoped that some of these highly-skilled workers could develop the necessary language skills to enroll in and eventually successfully complete nursing programs or take licensing examinations, which in the long term would make them eligible to fill licensed staff positions.

Another factor that impacted on the quality of patient care was the **high turnover amongst entry-level caregivers** (e.g. 56% in 1989). As elsewhere in the Commonwealth throughout the eighties, Sunset Long Term Care was facing a high turnover rate. As a result, the continuity and quality of care were frequently at risk. The nursing home, consequently, needed to recruit more expensive temporary agency staff and its recruitment and training costs went up considerably.

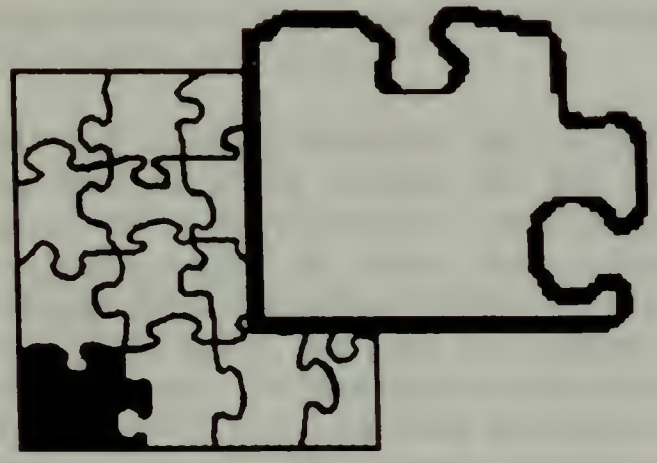
The **job awareness and readiness** of some employees further compounded the problem. A sizeable group of nursing assistants -- mostly recent arrivals -- demonstrated a limited understanding of American culture and rapidly changing approaches to health care delivery in the United States. Their perceptions of quality care were not always compatible with those of residents and the nursing home management. Although with good intentions, staff often responded to the needs and expectations of residents in ways that were not always culturally-appropriate.

Finally, the **implementation of the new certification requirements** for nursing assistants added yet another dimension to the problem. While most of the staff were allowed to take the skills and written sections of the National Nursing Assistant Examination in their first language based on the make-up of Sunset's resident population, the non-Chinese staff faced an additional challenge that needed to be

addressed. Most of the Haitian staff, for example, experienced some difficulty with the vocabulary used in the written section of the exam and the testtaking strategies required to successfully complete the test.

☐ In the Spring of 1991 the administrator conducted an employee survey to ascertain the level of need and degree of employee interest. More than fifty or half of the nursing home's staff responded and expressed a strong need and commitment to participate in an on-site Workplace ESOL program.

☐ In response to the Administrator's report, the Patient Care Service Committee recommended to the Board that Sunset Long Term Care employ multiple strategies to address the issue of compromised care and clarified that more would be needed than a workplace education program. In addition, the committee suggested a long-term education and training plan be put in place consisting of a multi-pronged strategy to address the educational needs of different groups of individuals on staff.

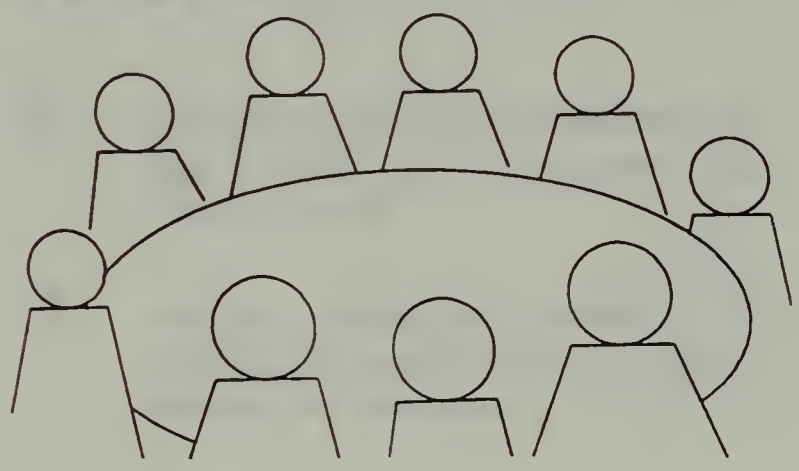


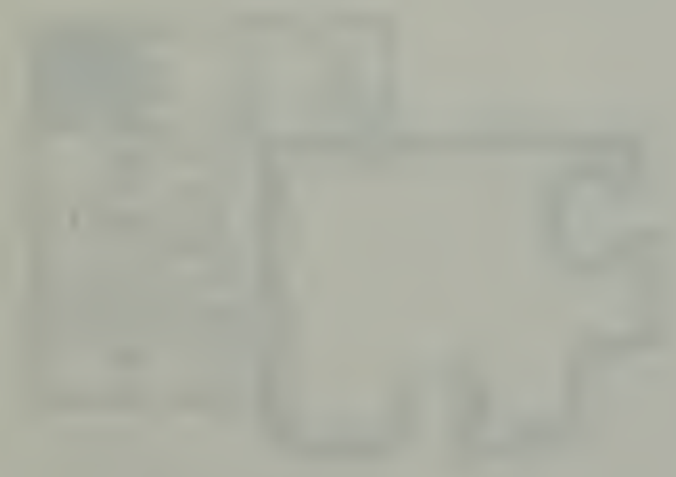
WHO WERE THE PARTNERS IN THE SUNSET LTC WORKPLACE EDUCATION PROGRAM ?

☐ To respond to the broad range of educational needs, **Sunset Long Term Care contacted the Chinese Community Action Council** to collaborate on the development of **a Workplace ESOL/Literacy program**. A partnership was formed and Project Health was established in the Summer of 1992 with funding ($80,000) from the U.S. DOE National Workplace Literacy Program through the Massachusetts Department of Education. Funding was received for 18 months.

☐ A **Planning and Evaluation Team** was established consisting of the Administrator, the Director of Nursing, the Staff Development Coordinator, Morning, Afternoon, and Evening Shift Supervisors, the Project Coordinator and Instructors, and two employees from each shift, one recently-hired employee and one with some tenure. Employees were nominated by their peers. All team members received a three-hour orientation. This orientation involved an orientation to the program and to the role of the team. More specifically, employees were trained how to solicit and report input from their peers, how to participate actively in meetings, how to ask for clarification and make suggestions, amongst other skills. To ensure communication at team meetings, interpreting services were made available. To balance participation, the team decided that the multi-lingual Project Coordinator should facilitate the initial meetings. After 3 meetings, team members took turns in chairing the meetings and notetaking. To assure program responsiveness to the needs of all those involved, consensus was identified as the decision making mode.

Not including data collection, the Planning and Evaluation Team devoted **36 hours** of meeting time to planning, implementing, evaluating, and monitoring the program. During the first 6 months meetings were held every three weeks. Later into the project meetings were scheduled less frequently. The Project Coordinator and Instructors spent a total of 48 hours on the design of data-gathering instruments, the collection and analysis of data, and the preparing of reports.





SUNSET LTC

The Sunset Long Term Care facility (LTC) is a 100-bed nursing home in the South End of Boston on the edge of Chinatown. It is one of three long-term care facilities dedicated to serving the Chinese elderly, and the only located on the East Coast. Since November 1985, Sunset LTC has provided care to one hundred residents in a homelike environment. To sponsor its operations, the nursing home depends largely on Medicaid funds. Most recently, the home qualified as a Medicare recipient. In addition, Sunset LTC receives generous support from the Chinese community, from corporations, from foundations, and from resident families.

More than 50% of the residents are Chinese. Approximately 40% speak English only, with the rest speaking one or more of several Chinese dialects. While some Asian residents speak English, most do not.

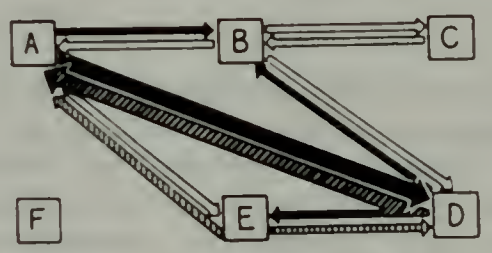
About one hundred employees are on staff. More than 90% are women and the vast majority are Asian immigrants. Employment opportunities exist in direct and indirect caregiving roles. The largest department is the nursing department. All staff are trained in geriatric nursing. The maintenance department keeps the plant clean and safe and provides laundry services. The dietary department provides food services to meet the dietary needs of residents. The Activities Director and her aide(s) provide recreational opportunities and occupational therapy for residents. A social worker acts as the liaison between the resident, the resident's family, and the facility.

In addition to in-house staff, several other health care providers deliver care at Sunset. These include physicians, physical and occupational therapists, dieticians, dentists, pharmacists, and others.

WHAT WERE THE GOALS AND COMPONENTS OF THE PROGRAM ?

GOALS

The Planning and Evaluation Team felt that a gradual approach to developing a comprehensive education program for all employees was feasible. Its first step was Project Health named by employees through a contest. Project Health did not aim at trying to meet the needs of **all** employees during the first 18 months of the program. It was designed **to serve the most needy**, that is, the **29 monolingual Chinese-speaking nursing assistants who on their jobs needed to interact frequently with English speaking residents.** This commitment to serve the most needed aligned well with the nursing home's 's overall **mission** to provide, improve, and assure restorative care of high-quality and translated in the following overall **program goal**:



1. improve the quality of patient care by **enhancing the basic skills of all monolingual Chinese-speaking nursing assistants so that they acquire those skills that are critical to the delivery of patient care.**

The nursing home representatives on the team hoped that the program would also

2. **promote job retention and reduce hiring and training costs associated with temporary staff;**

3. **support interested graduates in applying for opportunities for further training and education;**

COMPONENTS OF THE PROGRAM

After the Planning and Evaluation Team had identified the goals and objectives for the program, the team listed which components needed to be put into place for Project Health to achieve its goals. The team devoted several meetings to this task and developed or refined the following **key components:**

20

1. A mission statement and description of program goals and philosophy to be used in outreach, recruitment, and program orientations;

2. Clear role descriptions for the Planning and Evaluation Team;

3. Clear job descriptions for staff;

4. Clear diagram of channels of communication and decisionmaking processes;

5. Criteria to select qualified staff who are sensitive to needs of the Asian immigrant population;

6. Program Orientations for residents, potential participants, supervisors, department heads, administrators, and managers;

7. Outreach and Recruitment Plan to identify participants using linguistically- and culturally-appropriate strategies and materials;

8. Referral plan to place applicants a and graduates in appropriate programs to be developed at Sunset LTC or elsewhere if their needs move beyond the scope of the program;

9. Memoranda of Agreement that demonstrate linkages with individuals at Sunset LTC or with agencies in the community to ensure access to support services such as counseling and childcare, as well as opportunities for further training and learning;

10. A basic skills analysis to identify which basic skills are critical to the delivery of patient care;

11. Appropriate and convenient learning arrangements, Workplace ESL classes and educational/career counseling sessionsin this instance, to facilitate the teaching and learning of English and promote adavancement;

12. Intake procedures that facilitate language assessment, appropriate placement and/or referral;

13. Individual Education Plans with both short-term goals (for the program) and long-term goals;

14. Process for curriculum development and documentation that integrates learner, teacher, and company input on an on-going basis;

15. Assessment tools to collect baseline information, as well as data on participant progress;

16. Evaluation procedures to collect information in the areas of participant assessment, transfer of learning into improved job performance, and possible changes in organizational performance (e.g. work retention rates and quality of care);

17. Accurate recordkeeping and reporting mechanisms for enrollment, attendance, class and work retention, access and utilization rates, and demographic information;

18. Appropriate facilities (i.e. space) and resources;

19. Clear policies regarding release time, attendance, use of Sunset LTC facilities and materials; and Sunset LTC personnel policies.

20. Institutionalization plan.

II. IDENTIFYING GOALS AND INDICATORS

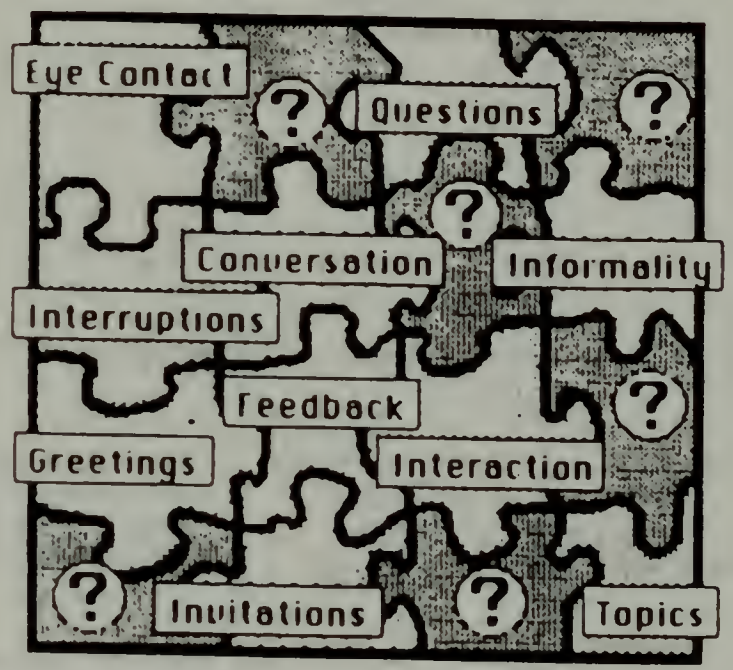
The Process

The Planning and Evaluation Team designed its evaluation as an integral part of the planning process. The first step in the evaluation process was to decide which approach would be used. The team agreed on the use of a collaborative approach to evaluation that would be consistent with the its program development approach and that would integrate the needs of all partners involved, speak to their preferences and resources, and develop the capacity of Sunset LTC to carry out its own evaluation.

To facilitate this process, the team also requested the support of the Massachusetts Department of Education who provided the services of a Resource Person, two training sessions -- one in teambuilding and evaluation and one in data analysis -- and several statewide sharing sessions. The team adapted the process introduced by the Massachusetts Department of Education as follows:

STAGE	TIME THAT WAS REQUIRED	CALENDAR
REFINE GOALS AND SELECT WHICH ONES TO EVALUATE	3 HOURS	JULY 1992
IDENTIFY INDICATORS OF SUCCESS/QUALITY AND ANTICIPATED OUTCOMES	9 HOURS	JULY 1992
VERIFY IF ALL NECESSARY COMPONENTS ARE IN PLACE	9 HOURS	AUGUST 1992
IDENTIFY EXISTING SOURCES OF INFORMATION AND DATAGATHERING INSTRUMENTS	3 HOURS	AUGUST 1992
DESIGN AND REFINE NEW DATAGATHERING INSTRUMENTS	9 HOURS	AUGUST/SEPTEMBER 1992
COLLECT DATA	ON-GOING	SEPTEMBER 1992/ DECEMBER 1993
ANALYZE DATA, PREPARE AND SHARE REPORTS	9 HOURS	UPON CONCLUSION OF CYCLES
DEVELOP AND IMPLEMENT ACTION PLANS TO IMPROVE PROGRAM	3 HOURS	CYCLE BREAKS

Three focus groups were established to refine the goals of the program and to identify indicators of success and/or quality. One group consisted of supervisors and the administrator. The second group consisted of learners in the program. This group was facilitated by the bilingual ESL Instructor. The third group was made up of the Project Coordinator, Instructors, and Sunset LTC's Staff Development Coordinator. Focus groups met separately twice for 1 hour and once for an additonal hour as a large group. In their meetings, focus groups made sure everyone reached the same level of understanding of the program goals identified by the Planning and Evaluation Team and made revisions as necessary. After that, each group listed indicators that would show that the Project Health was moving towards achieving its goals. These indicators were defined as signs of "success or quality". Subsequently, focus groups identified which information was already available or needed. Their last task involved brainstorming ways to collect information and drafting a workplan.



The workplan below integrates the findings and recommendations from all focus groups and reflects the consensus reached at the large group meeting.

SELECTED GOAL	INDICATORS OUTCOMES	INFO NEEDED	INSTRUMENT TO GET INFO	PARTNER
GOAL #1: **Enhance the basic skills of 29 monolingual Chinese-speaking nursing assistants who need to interact in English on the job**	All employees whom Project Health wants to serve can access the program The highest possible number of employees in need of the program enroll voluntarily and stay with the program throughout the grant period	Number of eligible employees (i.e.29) Number of enrolled employees who are eligible Class attendance and class retention data	Review of program and company records	Administrator Project Director

SELECTED GOAL	INDICATORS OUTCOMES	INFO NEEDED	INSTRUMENT TO GET INFO	PARTNER
	Participants better master the skills that are critical to the delivery of high-quality patient care	Inventory of Critical Skills Participant data that show increased proficiency level based on inventory	Learner Self-Assessment Classroom-Based Simulations Resident Interview Supervisor Questionnaire	Instructor Participants Supervisor Project Director
GOAL #2: **Promote employee retention**	Retention rate of participants vs non-participants improves	Retention rates of participants and non-participants in entry-level nursing assistant positions Info on other initiatives taken by Sunset LTC and their impact on retention (e.g. improved benefit package)	Confidential review of employee records	Administrator Project Director
GOAL #3: **Reduce costs related to hiring and training of temporary staff**	Comparison of projected and actual costs for hiring and training of temporary staff pre, during, and post program	Budgets and spending plans Sunset LTC Financial quarterly and annual reports	Confidential review of employee records	Administrator Project Director
GOAL #4: **Support interested graduates in applying for opportunities for further education and training at Sunset LTC and elsewhere in the community**	Graduates request information about further education and training at Sunset LTC and in community Graduates apply Graduates enroll	Number of graduates who request information, apply, and enroll in education and training programs at Sunset LTC and in community	Learner Self-Reported Data Teacher Follow-Up with learners and agencies	Learners Instructors

III. COLLECTING DATA

☐ In the selection of methods and instruments to gather data, the team made a conscious effort to build on existing systems such as Sunset LTC records and program intake forms. However, these were not sufficient in that they could not generate data for each goal; nor could they document any unanticipated outcomes.

☐ In developing new instruments the team based its work on the following assumptions: Instruments should be *reliable and valid*, and therefore, should be *fieldtested carefully* before implementation. Instruments should also *generate site-specific data* and *strike a balance between qualitative and quantitative information*. The team also felt that the instruments should be designed collaboratively and should *involve learners as actively as possible*. The team also wanted the instruments to be *cost-effective and easy and quick to administer*. Finally, given the grant guidelines, the team clarfied that instruments should mainly *aim at gathering work-related information*. Another important belief of the team was that

all records should be kept confidential

and that the diverse, *preferred assessment activities of learners should be taken into account*. To do so, instructors asked learners in all classes how they wanted to find out how they were making progress and which kind of information or feedback would be most useful to them.

Building on these principles, the following instruments were designed and fieldtested:

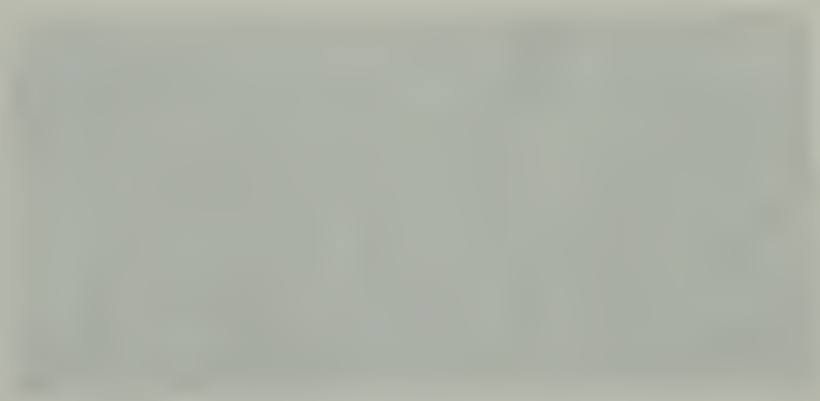
- a resident interview
- a learner self-assessment questionnaire,
- a questionnaire for supervisors, nurses, and managers
- a series of classroom-based simulations,
- a classroom-based flow sheet exercise,
- a program log.

Copies of the **learner self-assessment, the resident interview, and the questionnaires** are included in the Attachments of this report.

The **simulations** were based on the Inventory of Critical Skills (See Attachments) in the Delivery of Patient Care. This way there was a one-to-one correspondence between the skills included in the learner self-assessment and the simulations. During the simulations, learners were asked to perform an actual job-related task and were observed and assessed by their peers and teachers. For each of the simulations a number value was attached to the response of learners ranging from 1 to 3. For each of the learners, records were kept that showed how learners were making progress towards achieving each of the key skills so that these data could inform future instruction and curriculum. In the data analysis stage, however, only the percentage of skills achieved was used.

The **flow sheet** exercise provided learners with a written or taped description (both available in English and the learners' first languages) of a common set of tasks to be performed. Learners were asked to enter the information on the flow sheet. The percentage of items that were entered correctly was used in the data analysis.

Once the instruments were fieldtested, the team revisited its workplan and assigned team members to various data collection tasks. A total of 48 hours was spent on drafting, fieldtesting and using the instruments and the analysis of data. All data collection took place either on class or company time.



IV. RESULTS

PROJECT HEALTH EVALUATION

PROJECT HEALTH IS 100% ACCESSIBLE

☐ Classes were scheduled so that all 29 eligible employees could attend if they so desired.

UTILIZATION RATE IS OVER 85%

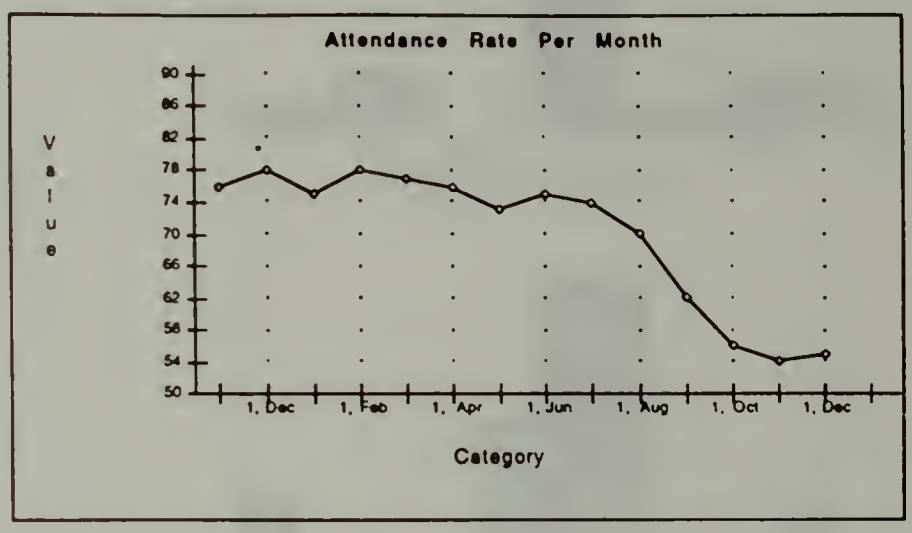
☐ 25 of the 29 eligible nursing assistants enrolled in the program during the first cycle. Except for two, all were Asian women whose first language was Cantonese and who completed at least high school in China, their country of origin.

☐ A slot level of 25 was maintained throughout the grant period. In December 1993, more than 85% of all eligible employees enrolled voluntarily in the Workplace ESOL component of the program. According to participants, the program was successful because class time and location were convenient, because the curriculum was responsive, and because teaching was of high quality.

[redacted]

ATTENDANCE WAS ALARMING IN FALL CYCLE

☐ The **average attendance rate** for Cycle 1 and Cycle 2 were comparable and **in the 75-80% range**. Rates for Cycle 3, however, were fairly low According to the team's findings this is mostly due to staff vacations.



LEARNERS MADE PROGRESS AND FEEL SELF CONFIDENT

JOB PERFORMANCE IMPROVED

QUALITY OF CARE LESS COMPROMISED

RESIDENTS MORE SATISFIED

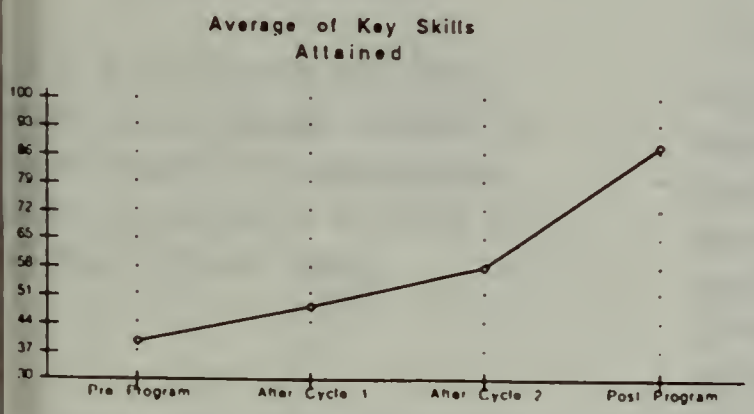
GRADUATES ENROLLED IN NURSING PROGRAMS

PROJECT HEALTH EVALUATION

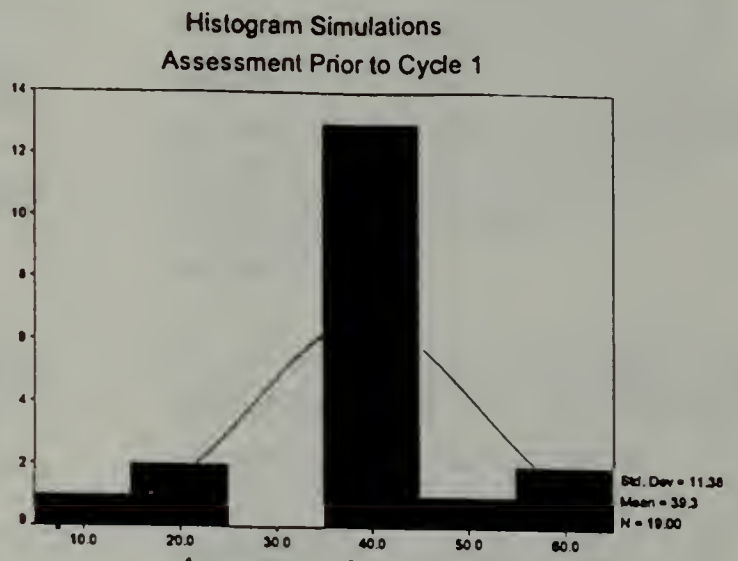
LEARNER PROGRESS IS EVIDENT

☐ Based on comparable data from 19 participants, it is clear that the **average percentage of skills attained has and will continue to go up.** Based on the available data, the team inferred the trend that on average and with the current program design employees will need a total of approximately 5 cycles of instruction to achieve all key skills identified including the 4 already offered.

☐ The **classroom-based simulations** have proven to be **reliable** instruments in assessing the 30 oral communication skills that are critical to the delivery of patient care.

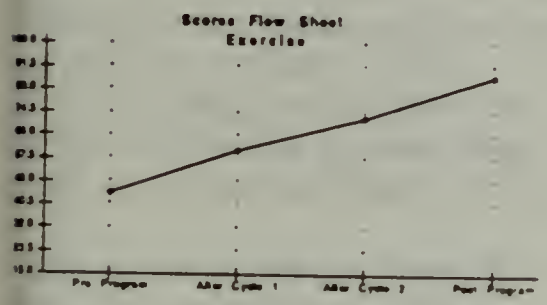


☐ **Flow Sheet Exercise** scores indicate a **similar trend for key reading and writing skills** in the documentation of patient care.



PROJECT HEALTH EVALUATION

ABILITY TO DOCUMENT WORK IMPROVED CONSIDERABLY



Dependence on Interpreting Down in 2/3 of All Interactions

☐ 2/3 of English-speaking staff do no longer require an interpreter to communicate with participants in 67% of all their interactions.

[redacted]

QUALITY OF CARE IS IMPROVING BUT LINK WITH PROGRAM IS NOT CLEAR

☐ The conclusion that the quality of care is improving is based on the belief that improved reporting skills enable nursing staff to make the necessary adjustments to patient care plans, which in turn could -- depending on the resident's condition -- but will not necessarily lead to improvement in the patient's condition.

☐ While all supervisors and nurses agreed that **improved oral communication skills have enhanced the quality and frequency of interactions between program participants and residents**, only 65% of all reports to the Director of Nursing and 50% of all reports to monolingual English-speaking nurses and supervisors have enabled Sunset LTC to adjust patient care plans (as opposed to 91.6% of all reports to bilingual nurses and supervisors).

☐ According to an analysis by the Director of Nursing, these adjustements have led to improvements in the resident's condition in about 25% of all cases.

11% OF GRADUATES ENROLLED IN PRE NURSING OR LPN PROGRAMS

[redacted]

IV. RESULTS

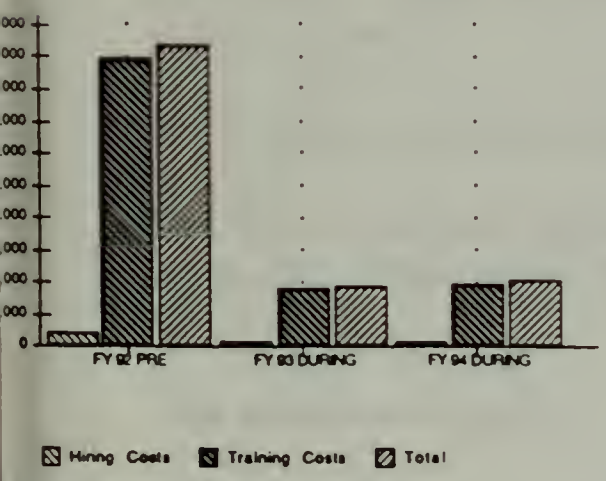
PROJECT HEALTH EVALUATION

TRAINING COSTS DROPPED WITH MORE THAN 70% AND HIRING COSTS WITH MORE THAN 60%

Training costs dropped from almost $73,000 in the fiscal year prior to the program (FY'92) to about $17,000 during the program with FY'93 costs a little bit lower than costs during the first half of FY'94.

Hiring costs decreased following the same pattern. Annual costs prior to the program exceeded $ 3,000, dropped to about $1,000 in FY'93 with a slight increase in the first 6 months of FY'94.

Training and Hiring Costs

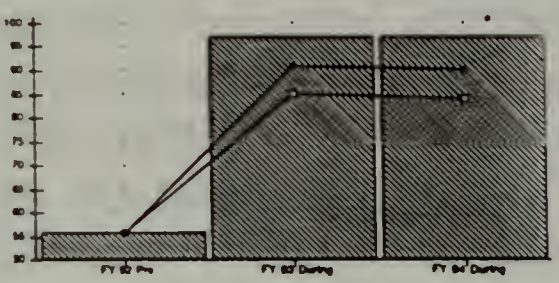


According to the Planning and Evaluation Team, reduced costs are a direct result of the improved job retention rate.

JOB RETENTION AT RECORD HIGH

90+

Job Retention improved considerably and stabilized round the 90% mark for participants.



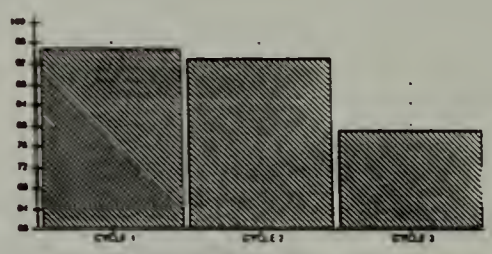
According to the Planning and Evaluation Team, the positive change is due to a number of initiatives including the program, an improved benefit package which was implemented simultaneously, and the changing economic climate which resolved the labor shortage.

The Team concluded, however, that the program did play an important role based on the **slightly higher job retention rates for participants.**

CLASS RETENTION INDICATES NEED TO REVISIT DESIGN

Class Retention moved beyond the team's expectations. The 80% target set by the team for each cycle was exceeded in **Cycle 1 (95%) and Cycle 2 (93%).** A drop of more than 12% in Cycle 3 (79%) was recorded. According to an informal survey by the Project Coordinator this decrease is due to staff vacations. The team team concluded that the **cycle schedule needs to be revised.**

Class Retention



UNANTICIPATED OUTCOMES

Participants also identified the following outcomes that are not goal-related:

... USE ENGLISH FOR JOB HUNTING *** UNDERSTAND MORE LABELS WHEN SHOPPING *** ASK AND GIVE DIRECTIONS ON THE STREET TO STRANGERS *** LIVE IN USA WITH MORE CONFIDENCE *** UNDERSTAND AMERICAN WAY OF LIFE BETTER *** KNOW MORE ABOUT WHAT IS HAPPENING IN THE NATION AND THE WORLD *** FEEL READY TO MOVE ON TO MORE EDUCATION *** WANT TO TAKE TOEFEL EXAM AND GO BACK TO SCHOOL *** FEEL MOTIVATED TO LOOK FOR A BETTER JOB *** FEEL BETTER ABOUT HELPING MY CHILDREN WITH HOMEWORK *** UNDERSTAND DIFFERENCES BETWEEN NURSING IN CHINA AND USA *** READ AND WRITE IN ENGLISH FOR THE FIRST TIME SINCE ARRIVAL *** FEEL BETTER ABOUT MYSELF *** ORDER FOOD AT RESTAURANT INSTEAD OF HAVING CHILDREN DO IT *** GO TO INS WITHOUT HELP OF CHILDREN *** ASK OFFICERS AT BOSTON HOUSING AUTHORITY IF FORMS WERE OK *** DISCUSS PROBLEM WITH BUILDING MANAGER DIRECTLY ...

The **Director of Nursing** also said:

" ... Our daily Patient Care Rounds have become a lot more productive particularly those where nursing assistants are involved who have been in the program for some time. There are less misunderstandings and we seem to get each other's points faster ..."

An English-speaking **nurse** said:

" ... Since the program started I have learned how much it takes to learn a new language. I have really developed a new sense of appreciation. I don't know if I could do it..."

One **supervisor** noted:

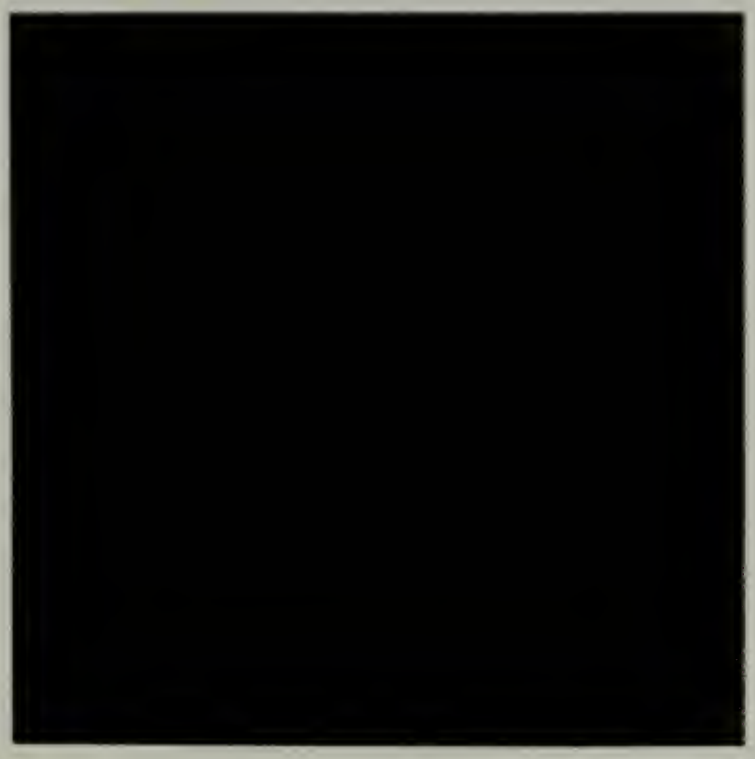
" Sunset LTC has become a different place. People have opened up. It's just much nicer to be here. Before, I remember, I used to sometimes hate to come in because I knew what communication barriers I would face. For me it has really made a difference and I'd love to go visit China ..."

IV. REFLECTIONS

AREAS FOR IMPROVEMENT

Action Points

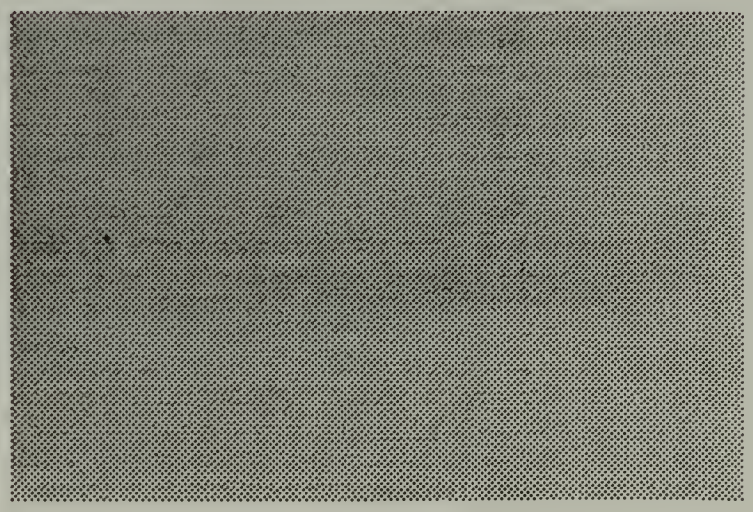
1. Revise cycle schedules
2. Expand program to include other staff in need of basic skills
3. Refine referral to and placement in programs elsewhere upon completion of program
4. Collect more data on Return on Investment
5. Reduce amount of data gathered
6. Collect baseline information upon enrollment for ALL participants

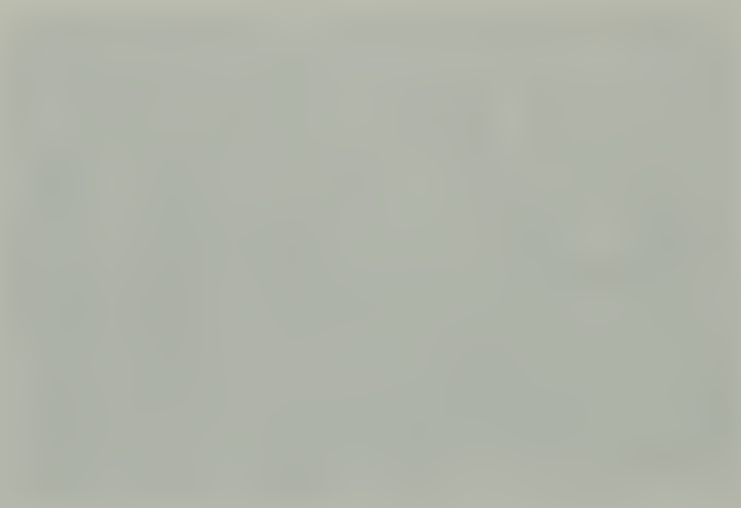


REFLECTIONS ON THE PROCESS

☐ NEXT TIME

1. Spend less time as a team on drafting instruments and evaluation overall.
2. Cancel meetings if not all are present.
3. Follow our own process and progress at our own pace BUT complete collection of baseline data before instruction resumes.
4. Find better ways to make meetings more meaningful to managers and learners.
5. Do teambuilding exercises first.
6. Orient team members on how to solicit input from their peers.
7. View evaluation as an integral part of our team's agenda and not as a separate one.





ATTACHMENTS

Changes in Functional Uses of English in the Delivery of Patient Care

This list was generated by participants, supervisors, charge and medication nurses, and staff development coordinators. They were asked to identify those uses of English that contribute directly to the quality of patient care. In a second phase, they were asked to identify the most essential uses and coded them using the letter 'E'.

Uses of Oral Language	Code
Resident:Caregiver Interactions	
☐ knocks and asks for permission to enter	E
☐ greets resident using name and/or preferred form of address	E
☐ identifies self by name and job (e.g. I'm Johan. I'm your nurse aide today)	E
☐ offers help and services	E
☐ states reason for coming/what will happen	E
☐ explains procedures	
☐ instructs resident speaking clearly and slowly (e.g. while feeding, toileting, ambulating, etc.)	E
☐ asks about toileting needs	E
☐ encourages resident to eat, exercise, etc.	E
☐ indicates lack of understanding	E
☐ apologizes if necessary	E
☐ asks for assistance	E
☐ ends convesation inabruptly	
☐ gives warnings in case of danger	E
☐ directs residents to people/rooms	
☐ responds to resident requests, concerns, and complaints (e.g. call light)	E
☐ maintains eyecontact as much as possible	E
☐ initiates and maintains a conversation while providing care to promote comfort and well-being	E
☐ asks for various kinds of feedback (e.g. comfort, appetite, clothing preferences, order of feeding, bath water temperature, etc.)	E
Caregiver:Supervisory and Licensed Staff Interactions	
☐ asks for clarification of instructions	E
☐ follows instructions of charge nurse, Director of Nursing, etc.	E
☐ follows instructions over P.A.-system including emergency	E
☐ reports changes in condition orally (e.g. at patient care rounds or when leaving shift)	E
☐ relays resident messages to appropriate licensed or supervisory staff	E
☐ reports accidents, falls, unsafe conditions, abuse, mistreatment, and neglect orally	E
☐ reports breakdowns and shortages and states need for materials	E
☐ participates actively in Nurse's Aides' Meeting and In-services	
☐ trains a new co-worker	

- ☐ asks to be excused from work
- ☐ knows how to call in sick or late
- ☐ asks for training E

Interactions with Other Departments

- ☐ asks to be rescheduled
- ☐ asks for time off
- ☐ asks about pay, benefits, and rights
- ☐ asks for meal changes for resident
- ☐ asks for a recommendation
- ☐ asks about job openings
- ☐ asks for a raise

Uses of Literacy and Numeracy

- ☐ infers work time from schedule E
- ☐ uses time card according to policies
- ☐ infers instructions for serving from diet cards E
- ☐ enters information about completed tasks and observations onto English flow sheet
- ☐ fills out accident report forms in English
- ☐ follows signs(e.g. warnings such as'Isolation') and posted instructions (safety, infection control) E
- ☐ locates names, rooms, and other information on resident directory and door signs
- ☐ infers instructions from English assignment sheet using reference skills to locate information that is needed
- ☐ infers additional tasks and responsibilities from daily posted nursing sheet E
- ☐ measures and records vital signs and intake and output E
- ☐ documents collection of specimen
- ☐ fills out time English change sheet and vacation request forms
- ☐ reports abuse, mistreatment, and neglect in writing
- ☐ files grievances
- ☐ asks for information about training, licensing, and education programs
- ☐ ...

Interview Guidelines
Resident Interview

Name of resident: _____ Floor: _____
Name of participant: _____ Your name: _____ Date: _____

INSTRUCTIONS: Explain the purpose of the interview to the resident(e.g. "SHE wants to find out how well nursing assistants can use English to talk with you.") Ask if it is fine that you would take notes. Mention that the results of the interview will be kept confidential. Use one or more of these questions to initiate or maintain a brief conversation. Record the resident's answer by checking the answer that comes closest to what the resident says. Feel free to record responses more elaborately.

1. Does he/she speak English with you during bathing, dressing, eating, toileting, or walking ?

   O Yes O No O _____

2. Does he/she explain what he/she will be doing with you ?

   O Yes O No O _____

3. Does he/she give your messages to the nurse ?

   O Yes O No O _____

4. How well do you understand him/her when she/he is talking with you ?

   O not at all O a little O well

   O _____

5. How well does he/she understand you when you are talking to him/her ?

   O not at all O a little O well

   If 4 + 5 are hard, why do you think that is ?

   O doesn't know English very well
   O doesn't understand her job
   O _____

6. Overall, has talking with him/her

   O gotten better ? O gotten worse ? O stayed about the same ?

COMMENTS _____
_____
_____

Questionnaire to be completed by English speaking supervisory and licensed staff

Your position: Nurse Date: 5/7/91 Name of nursing assistant: [redacted]

PART 1

Reporting changes in residents' condition

1. Do you share a language with him/her other than English ?

   O Yes O No

   If yes, which one(s) ? _____

2. How long have you worked with him/her ?

   one year

3. Does he/she report to you

   O directly in English ?
   O directly in Chinese ?
   O through an interpreter ?
   O not at all

4. How often does he/she report to you ?(e.g. once a week during patient care rounds) very often = Chinese

5. Have his/her reports enabled you to adjust the patient care plan as necessary ?

   O Yes OO No O _____

   If yes, have these adjustments had an impact on the resident's condition ?

   O Yes O No O _____

   Please, explain your answer: ~~nursing problem get from~~ Chinese conversation

6. Do you interpret for him/her ?

   O Yes O No

   If yes, how often ? (e.g. once a week) sometime

7. Would you say he/she has become less dependent on you to interpret for him/her ?

   O Yes O No O _____

8. Do you need an interpreter or written translations to instruct him/her ?

O Yes O No O Not usually

If yes, under what circumstances medical terms

9. Have you become less dependent on interpreters or translations to communicate with him/her ?

O Yes O No

10. Please, record any other comments related to his/her ability to report changes in the residents' conditions.
Report Resident vital signs or unconfortable (i.e. stuff)

PART 2 General Comments

1. Do you generally know who is in the ESL program ?

O Yes O No

2. How would you rate his/her ability to use English on the job ?

O Excellent O Good O Average O Somewhat weak O Weak

3. Have you noticed any additional changes since he/she enrolled in the ESL program ? (e.g. more confident) a little bit

4. According to you, how much has the ESL program contributed to improving his/her language skills ?

O No idea O A lot O A little O Not at all

5. How can the ESL program better help nursing assistants improve their language skills ? ~~only Ch. English @ work~~
practice real case @ class. such "play roll."

6. What else might be done by supervisors, and by nursing assistants to help nursing assistants use English to perform their jobs ? ↓ Chinese translation

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE. IF YOU HAVE QUESTIONS, PLEASE CONTACT BARBARA IRVING, HSIAO CHANG, OR JOHAN UVIN.

FLOW SHEET EXERCISE

SCORING SHEET

1. Month	1	2	3	—
2. Year	1	2	3	—
3. Resident name	1	2	3	—
4. Resident room #	1	2	3	—
5. Initials 1	1	2	3	—
6. Initials 2	1	2	3	—
7. Signature	1	2	3	—
8. Shift (=D)	1	2	3	—
9. Day (=Tuesday)	1	2	3	—
10. Bed Bath (=N)	1	2	3	—
11. Partial (=N)	1	2	3	—
12. Whirlpool/Shower (= A)	1	2	3	—
13. Shave (=T)	1	2	3	—
14. Mouth/Denture Care (=T)	1	2	3	—
15. Mouth Special Care (=N)	1	2	3	—
16. Nails (=T)	1	2	3	—
17. Grooming (=I)	1	2	3	—
18. Dressed Day/Night (=A)	1	2	3	—
19. Socks and shoes only (= N or T)	1	2	3	—
20. Not dressed (=N)	1	2	3	—
21. Ambulate (=2/A)	1	2	3	—
22. Distance (= 20' or 2o ft or 20)	1	2	3	—
23. Device (= V or 2/A)	1	2	3	—
24. Geri/Wheel Chair (= V or 1/A)	1	2	3	—
25. Transfer (circle 1 or 1/T)	1	2	3	—
26. Device (= V or 1/T)	1	2	3	—
27. Bed or W/C Position (= N or I)	1	2	3	—
28. ROM (= I or V)	1	2	3	—
29. Bladder Continent Freq. (= 6-8/A, 6-8/T, or 6-8)	1	2	3	—
30. Oncontinent Freq. (= 0 or N) (29 can be 0 and 30 6-8 if total = 6-8)	1	2	3	—
31. Toileted (= 6-8/A, 6-8/T. or 6-8)	1	2	3	—
32. Bowel Continent Freq. (= 2/A, 2/T. or 2)	1	2	3	—
33. Incontinent freq. (= 0 or N) (32 can be 0 and 33 2 if total = 2)	1	2	3	—
34. Toileted freq.(= 6-8/A, 6-8/T. or 6-8)	1	2	3	—
35. Bladder Retraining (=N)	1	2	3	—
36. Bowel Retraining (=N)	1	2	3	—
37. Catheter Care (=N)	1	2	3	—
38. Wandering (=N)	1	2	3	—
39. Hoarding (=N)	1	2	3	—
40. Noisy (=N)	1	2	3	—
41. Verbal abuse (=N)	1	2	3	—
42. Physical abuse (=N)	1	2	3	—
43. Uncooperative (= N or V)	1	2	3	—
44. Other (=N)	1	2	3	—
45. Preventive Skin Care (=N)	1	2	3	
46. Elbow/Heel Protector (=N)	1	2	3	—
47. Brace/Splint (=N)	1	2	3	—
48. Sheep Skin (=N)	1	2	3	—
49. Other (abdominal pain)	1	2	3	—
50. Other column *				—

TOTAL (=T)

SCORE: $\frac{T \times 2}{3}$ =

Procedures

1. Explain purpose of the study and this particular assessment.
2. Explain the procedures:
    2.1. Give narrative in Chinese orally (recorded) or in writing.
    2.2. Tell participants to enter the information from the narrative onto the flow sheet.
    2.3. Check comprehension.
    2.4. Ask participants to complete the task.
    2.5. Say there is no time limit.
    2.6. Give participants the opportunity to ask questions.
    2.7. Explain how the assessment will be analyzed and how the findings will be used stressing that the information is kept confidential.
3. Start the assessment.
4. Discuss the results with participants.
5. Provide participants with the opportunity to meet with their teacher if further discussion is desired.

ACTIVITY OF DAILY LIVING - FLOW SHEET

Month/Year 1 5

Code: I = Independent; requires absolutely no nursing involvement.
T = Totally dependent; nursing renders care completely.
R = Refused.
A = Assist; needs supervised or hands on help with care needs.
U = Unable.
N = Not applicable.

		SUN			MON			TUE			WED			THU			FRI			SAT		
		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Personal hygiene	Bed Bath							I														
	Partial																					
	Whirlpool/Shower							A														
	Shave							T														
	Mouth/Denture care							T														
	Mouth-care Special							N														
	Nails							T														
	Grooming							I														
Dressing	Dressed Day/Night							T														
	Socks & Shoes only							T														
	Not Dressed							U														
Mobility	Ambulate																					
	Distance							20														
	Device							V														
	Geri/Wheel Chair							V														
	Tfr (# Assist) 0 1 2							A														
	Device							V														
	Bed or W/C Reposition							V														
	ROM							V														
Elimination	Bladder: Continent (freq.)							A														
	Incontinent (freq.)																					
	Toileted (freq.)																					
	Bowel: Continent (freq.)							A														
	Incontinent (freq.)																					
	Toileted (freq.)																					

Resident's Name [redacted] Room: [redacted] Physician: _____

		SUN			MON			TUE			WED			THU			FRI			SAT		
		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
B/B Retraining	Bladder Retraining							✓														
	Bowel Retraining							✓														
	Catheter Care							N														
Behavior	Wandering							✓														
	Hoarding							✓														
	Noisy							✓														
	Verbal Abuse							N														
	Physical Abuse							N														
	Uncooperative							N														
	Other																					
Skin Care	Preventive Skin Care							✓														
	Elbow/Heel protector							N														
	Brace/Splint							N														
	Sheep Skin							N														
	Other:							✓														
	Initials																					

* Reported to Charge Nurse.

Initial	Signature (7-3)

Initial	Signature (3-11)

Initial	Signature (11-7)

Resident's Name Kate Marshall **Room:** [illegible] **Physician:**